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Illinois Department of Public Health

|                          |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |   | (X3) DATE SURVEY COMPLETED |  |  |  |  |
|--------------------------|---|--|--|---|----------------------------|--|--|--|--|
|                          |   | IL6015473  | B. WING                                  |   | 10/10/2019                 |  |  |  |  |
|                          |   |  |  |   | 10/10/2013                 |  |  |  |  |
| NAME OF P                | ROVIDER OR SUPPLIER   |  | DDRESS, CITY, STATI                      |   |                            |  |  |  |  |
| ILLINOIS                 | ILLINOIS VETERANS HOME AT QUINCY  QUINCY, IL 62301  |  |  |   |                            |  |  |  |  |
| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  |  | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPF<br>DEFICIENCY) | BE COMPLETE                |  |  |  |  |
| S 000                    | Initial Comments  |  | S 000                                    |   |                            |  |  |  |  |
|                          | Annual Licensure Sur  | vey  |  |   |                            |  |  |  |  |
| S9999                    | Final Observations  |  | S9999                                    |   |                            |  |  |  |  |
|                          | Section 340.1335 Infection Control  |  |  |   |                            |  |  |  |  |
|                          | controlling, and preve shall be established a and procedures shall include the requireme Communicable Disea 690) and Control of S Diseases Code (77 III shall be monitored to and procedures are for This requirement is not Based on observation reviewed the facility far | ses Code (77 III. Adm. Code exually Transmissible . Adm. Code 693). Activities ensure that these policies ollowed.  ot met as evidenced by:  a, interview, and record alled to follow their policy for lucose monitor. This has four of four residents |  |   |                            |  |  |  |  |
|                          | Findings include:   |  |  |   |                            |  |  |  |  |
|                          | states that after the bl<br>been used, "Disinfect<br>after EACH use with a<br>Disposable Cloth. a. F<br>manufacturer's directi<br>A Manufacturer's instr<br>hospital-grade germic   | ons."  |  |   |                            |  |  |  |  |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA     | (X2) MULTIPLE    | (X2) MULTIPLE CONSTRUCTION                |        | (X3) DATE SURVEY |  |
|---|---|---------------------------------|------------------|---|--------|------------------|--|
|   |   | IDENTIFICATION NUMBER:          | A. BUILDING: _   |   | COMPL  | COMPLETED        |  |
|   |   |                                 |                  |   |        |                  |  |
|   |   | IL6015473                       | B. WING          |   | 10/1   | 10/2019          |  |
| NAME OF P   | ROVIDER OR SUPPLIER   | STREET AD                       | DRESS, CITY, STA | TE, ZIP CODE                              |        |                  |  |
|   |   |                                 | TH 12TH STRE     | ET  |        |                  |  |
| ILLINOIS  | VETERANS HOME AT QU   | JINCY<br>QUINCY, I              | IL 62301         |   |        |                  |  |
| (X4) ID   | SUMMARY ST  | ATEMENT OF DEFICIENCIES         | ID               | PROVIDER'S PLAN OF CORRECTI               | ON     | (X5)             |  |
| PREFIX  | (EACH DEFICIENC   | Y MUST BE PRECEDED BY FULL      | PREFIX           | (EACH CORRECTIVE ACTION SHOUL             | _D BE  | COMPLETE         |  |
| TAG   | REGULATORY OR I   | LSC IDENTIFYING INFORMATION)    | TAG              | CROSS-REFERENCED TO THE APPRO DEFICIENCY) | PRIATE | DATE             |  |
|   |   |                                 |                  | DEFIGIENCY)                               |        |                  |  |
| S9999   | Continued From page   | e 1                             | S9999            |   |        |                  |  |
|   | E0 or more microorge  | anisms including C. difficile   |                  |   |        |                  |  |
|   |   | (three) minutes or less."       |                  |   |        |                  |  |
|   | , ,   | rther states to use the         |                  |   |        |                  |  |
|   |   | "3. Wipe the surface until      |                  |   |        |                  |  |
|   |   | ait for the contact time        |                  |   |        |                  |  |
|   |   | all pathogens listed on the     |                  |   |        |                  |  |
|   |   | card the wipe." This set of     |                  |   |        |                  |  |
|   |   | ıments the germicidal wipes     |                  |   |        |                  |  |
|   |   | ing blood glucose monitors.     |                  |   |        |                  |  |
|   |   |                                 |                  |   |        |                  |  |
|   |   | n. V5 (Registered Nurse)        |                  |   |        |                  |  |
|   |   | ck R5's blood glucose level.    |                  |   |        |                  |  |
|   |   | glucose monitor from her        |                  |   |        |                  |  |
|   | medication cart then  |                                 |                  |   |        |                  |  |
|   | monitor with an alcohol pad. V5 stated that this  |                                 |                  |   |        |                  |  |
|   | blood glucose monitor is used for all of her assigned residents who receive blood glucose |                                 |                  |   |        |                  |  |
|   | _   | the monitor into R16's room     |                  |   |        |                  |  |
|   | _   | finger then applied a drop of   |                  |   |        |                  |  |
|   | I   | st strip in the end of the      |                  |   |        |                  |  |
|   |   | rocedure was finished, V5       |                  |   |        |                  |  |
|   |   | glucose machine out of          |                  |   |        |                  |  |
|   |   | ed it on top of her medication  |                  |   |        |                  |  |
|   |   | the germicidal wipes            |                  |   |        |                  |  |
|   | attached to the end o   | f the cart, V5 cleansed the     |                  |   |        |                  |  |
|   | front of the soiled blo   | od glucose monitor using an     |                  |   |        |                  |  |
|   | alcohol wipe then imr   | nediately placed the            |                  |   |        |                  |  |
|   |   | a drawer to the medication      |                  |   |        | ] ]              |  |
|   |   | she used only an alcohol        |                  |   |        | ] ]              |  |
|   | _   | ermicidal wipes to cleanse      |                  |   |        |                  |  |
|   |   | onitor stating, "I always do it |                  |   |        |                  |  |
|   |   | Blood glucose monitor) only     |                  |   |        |                  |  |
|   | , ,   | ermicidal) wipes just two       |                  |   |        |                  |  |
|   | times per day."   |                                 |                  |   |        |                  |  |
|   | On 10/8/19 at 11:00a  | .m. V6 (Nursing Supervisor)     |                  |   |        |                  |  |
|   | stated that using alco  |                                 |                  |   |        | ] ]              |  |
|   |   | sinfect a blood glucose         |                  |   |        |                  |  |
|   | • • • •   | at nurses should disinfect      |                  |   |        | ] ]              |  |
|   |   | onitor with germicidal wipes    |                  |   |        |                  |  |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED |  |  |  |
|---|---|---|---|--|-------------------------------|--|--|--|
|   |   | IL6015473   | B. WING                                 |  | 10/10/2019                    |  |  |  |
| NAME OF P   | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  |   |   |  |                               |  |  |  |
| ILLINOIS  | ILLINOIS VETERANS HOME AT QUINCY  1707 NORTH 12TH STREET  QUINCY, IL 62301  |   |   |  |                               |  |  |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF CORRECTIO<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPE<br>DEFICIENCY) | BE COMPLETE                   |  |  |  |
| S9999   | after every use and b<br>on or in the medication<br>and 10:23a.m. V6 states used by facility to clear<br>machine are hospital-<br>the nurse for R16, R1 | efore the monitor is placed on cart. On 10/9/19 9:45a.m. Ited the germicidal wipes an the blood glucose ograde. V6 stated that V5 is 7, R18, and R8, all of whom It glucose monitor which is in | S9999                                   |  |                               |  |  |  |

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